

2011 MAR 21 AM 9:14

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Pichardo Antoniette (Toni) G.

1. Office, Agency, or Court

Agency Name

City of Arvin  
Division, Board, Department, District, if applicable

City Council Member Full Term  
Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Arvin ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  
☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- ☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☒ Schedule B - Real Property - schedule attached  
☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed March 14, 2011  
(month, day, year)

Signature

**Attachment to FPPC Form 700****Name:** Antioniette G. Pichardo**Type of Statement:**

(check one)

☐ Assuming Office /Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_☒ Annual: (check one)☐ The period covered is January 1, 2010 through December 31, 2010.

- or -

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, \_\_\_\_.☐ Leaving Office      Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(check one)☐ The period covers is January 1, \_\_\_\_ through the date of leaving office.

- or -

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.**Additional Agencies/Positions:**

(Check all that apply)

☐ Arvin Community Redevelopment Agency☒ Chairperson      ☐ Member      ☐ Other: \_\_\_\_\_☐ Arvin Public Financing Authority☐ President      ☒ Member      ☐ Other: \_\_\_\_\_☐ Arvin Housing Authority☐ President      ☒ Member      ☐ Other: \_\_\_\_\_☐ Kern Council of Governments☐ Board Member      ☐ Alternate Board Member      ☐ Other: \_\_\_\_\_**Agency**City of Arvin**Position**City Council Member- Full Term

(d)(5)

March 14, 2011

Date

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name

ANTONETTE B. PICHARDO
**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

## ▶ STREET ADDRESS OR PRECISE LOCATION

CITY

## FAIR MARKET VALUE

- ☐
- \$2,000 - \$10,000
- 
- ☐
- \$10,001 - \$100,000
- 
- ☐
- \$100,001 - \$1,000,000
- 
- ☐
- Over \$1,000,000

## IF APPLICABLE, LIST DATE:

 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED      DISPOSED

## NATURE OF INTEREST

- ☐
- Ownership/Deed of Trust
- ☐
- Easement
- 
- ☐
- Leasehold
- ☐
- Other
- 
- Yrs. remaining      Other

## IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐
- \$0 - \$499
- ☐
- \$500 - \$1,000
- ☐
- \$1,001 - \$10,000
- 
- ☐
- \$10,001 - \$100,000
- ☐
- OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

## ▶ STREET ADDRESS OR PRECISE LOCATION

CITY

ARVIN

## FAIR MARKET VALUE

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- 
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- \$10,001 - \$100,000
- 
- ☐
- \$100,001 - \$1,000,000
- 
- ☐
- Over \$1,000,000

## IF APPLICABLE, LIST DATE:

 \_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
 ACQUIRED      DISPOSED

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- ☐
- \$10,001 - \$100,000
- ☐
- OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%      ☐ None

## HIGHEST BALANCE DURING REPORTING PERIOD

- ☐
- \$500 - \$1,000
- ☐
- \$1,001 - \$10,000
- 
- ☐
- \$10,001 - \$100,000
- ☐
- OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%      ☐ None

## HIGHEST BALANCE DURING REPORTING PERIOD

- ☐
- \$500 - \$1,000
- ☐
- \$1,001 - \$10,000
- 
- ☐
- \$10,001 - \$100,000
- ☐
- OVER \$100,000

☐ Guarantor, if applicable

Comments:

Clear Sch. B

Print Form

specify pages to print